

## TACTICAL RESPONSE REPORT/Chicago Police Department

INFORMATION INVOLVED	1. DATE OF INCIDENT 30-JUL-2015	TIME 03:10:00	2. ADDRESS OF OCCURRENCE 4842 S CALUMET AVE CHICAGO, IL 60615	3. LOCATION CODE 291	4. BEAT/OCCUR 0224																																																																							
	5 POSITION 9161	6. LAST NAME SANCHEZ JR	7. FIRST NAME ORLANDO	8. STAR NO. 19244	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 510	12. HT. 160	13. WT. 160																																																																			
	14. DATE OF APPT. 02-DEC-1996	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 353 4685A	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																						
	20. LAST NAME CARROTHERS	21. FIRST NAME DARRELL	22. M.I. 	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 506	27. WT. 145																																																																				
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? OTHER (SPECIFY) VERBAL THREAT (ASSAULT)	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																							
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS	34. BY WHOM?	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****	DNA	37. CB NO. 19160462	IR NO	DNA																																																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>PASSIVE RESISTER</th> <th>ACTIVE RESISTER</th> <th>ASSAILANT: ASSAULT</th> <th>ASSAILANT: BATTERY</th> <th>ASSAILANT: DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="writing-mode: vertical-rl; transform: rotate(180deg);">SUBJECT'S ACTIONS</td> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON <input checked="" type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td>PULLED AWAY <input type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input checked="" type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> </tr> <tr> <td rowspan="9" style="writing-mode: vertical-rl; transform: rotate(180deg);">MEMBER'S RESPONSE</td> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE <input type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> <td>FIREARM <input checked="" type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>ESCORT HOLDS <input type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td> </td> </tr> <tr> <td>WRISTLOCK <input type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>ARMBAR <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input type="checkbox"/></td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>OTHER _____</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>OTHER _____</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>									PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: DEADLY FORCE	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>	OTHER _____	MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____	ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>				ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>				PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>				CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>				OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____				OTHER _____								
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40. ADDITIONAL INFORMATION OFFENDER'S WEAPON 40CAL SMITH&WESSON SEMI AUTO-MATIC HANDGUN																																																																												
POSITION	STAR NO.	UNIT																																																																										
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	04 SEMI-AUTO PISTOL <input type="checkbox"/> <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR																																																																								
45. MAKE/MANUFACTURER GWNN FIREARMS -US- (BUSHMASTER)	46. MODEL XM15-E2S	47. BARREL LENGTH 11"	48. CALIBER/GAUGE 223/5.56																																																																									
49. TASER DART ID NO L226823	50. WEAPON SERIAL NO (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.																																																																								
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED Department Issued	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 18																																																																								
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 30	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 03 OTHER (Specify) SLING	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD TACTICAL RELOAD	65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	70. EVENT NO. 1521101916																																																																					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) GARAGE FRAME			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT																																																																									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																									
<p>INFO.</p> <p>NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS &amp; LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC</p> <p>NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR &amp; OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.</p> <p>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>																																																																												
SIGNATURES	73. REPORTING MEMBER (Print Name) SANCHEZ JR, ORLANDO 30-JUL-2015 11:31:27		STAR/EMPLOYEE NO. 19244	SIGNATURE [REDACTED]	DATE REVIEWED 30-JUL-2015 11:35:59																																																																							
74. REVIEWING SUPERVISOR (Print Name) JOYCE, SEAN G		STAR NO 316	SIGNATURE [REDACTED]	TIME 11:35:59																																																																								

SUBJECT  
INFORMATION

30. CHARGES PLACED

725 ILCS 5.0/110-3, 720 ILCS 5.0/12-3.3-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4

DNA

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE       DNA       REFUSED       INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was shot multiple times and is presently being treated at the hospital. He cannot be interviewed at this time.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time, a preliminary determination has been made that the discharges by Police Officer Orlando Sanchez are within department guidelines concerning the use of deadly force in that Officer Sanchez fired at an assailant armed with a loaded handgun who was charging in his direction while pointing the handgun at him. Officer Sanchez stated he feared he was about to be shot and fired in order to end the threat.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1076425 OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

TIME

30-JUL-2015 11:46:26

### 79. TOTAL TRR'S THIS EVENT No.

3